

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	4		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943 10	8-13-01
RESPONSE FORMALITY REVIEW			8-16-1

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	01/07/02
2	01/07/02
3	01/07/02
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50	01/07/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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